



# LINKS:

## Minority Research & Training

### Foot and Ankle Problems are More Prevalent Among African-Americans and Puerto Rican Elders



African-American and Puerto Rican elders suffered more of some types of foot and ankle problems than Whites of similar age even after adjustments were made for education and gender, according

to *Feet First*. This is the first comprehensive community-based study on a wide range of foot and ankle conditions to rely on direct interviews and examinations. Foot and ankle conditions, common in older adults, have been associated with mobility and balance problems, disabilities, falls, and fractures.

“The physical exams were important because we were able to capture foot conditions that people might not have known that they had, and we were able to see if there was evidence for race-ethnic as well as gender disparities in foot health,” said Julie E. Dunn, Ph.D., New England Research Institutes (NERI), Watertown, MA who conducted the study with John McKinlay, Ph.D., the Principal Investigator. Diabetes and the other comorbidities were ascertained by self-report; the foot and ankle conditions were ascertained by exam.

The study focused on foot and ankle problems of 784 community-dwelling multiethnic adults aged 65 or older (109 Puerto Ricans, 327 Whites, and 348 African-Americans) in 2001–2002 in Springfield, MA. The five most common conditions were toenail disorders (74.9%), lesser toe deformities (60%),

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### Multiple Mentors Nourished Bernard’s Flourishing Career

Multiple mentors and a life-changing epiphany fostered in Dr. Marie A. Bernard an appreciation for the team approach to treating older people. She is now educating students, faculty, and patients on the importance of interdisciplinary care as chairperson and professor of geriatric medicine at the Donald W. Reynolds Department of Geriatric Medicine at the University of Oklahoma’s School of Medicine.

After completing medical school at the University of Pennsylvania, Bernard did her residency training at Temple University (TU) in Philadelphia and then joined its General Internal Medicine Section faculty staff. For six years, she treated patients at TU and thought she had all the tools she needed. But mentor Bernice Parlak, director of the Geriatric Education

Center of the University of Pennsylvania, detected the need for further development. Parlak engaged in some mentor-style arm-twisting by requiring Bernard to participate in a 40-hour intensive training project at an adult day care center in exchange for her help on a grant.

Bernard remembered her powerful first impression of the adult day care center. “I thought, ‘Wow, these nurses, social workers, and occupational therapists are doing wonderful things here.’ I had an epiphany about how I was just a small part of the puzzle in helping older adults have the best possible quality of life. I realized then that patients’

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Dr. Marie A. Bernard

needs are sometimes best addressed by nurses, social workers, physical therapists, or dieticians rather than by doctors,” Bernard said. In the 1990s, research indicated that interdisciplinary medical care improved older people’s ability to function and their quality of life, and decreased mortality.

Mentor and TU Professor of Medicine Herbert S. Waxman, M.D., advised Bernard to get a “hobby!” In other words, establish a special academic interest. She began focusing on nutrition. Waxman, who died in 2003, was board-certified in hematology and internal medicine.

“We had the technology for tube-feeding, but frequently the older patients did not thrive. I became interested in how to help people avoid getting to the point that they were so malnourished they required force-feeding,” said Bernard, who eventually co-directed TU’s Nutrition Support Services. Her ‘hobby’ eventually led her to study vitamin B12 deficiency, which has been linked to heart disease, stroke, and cancer of the cervix and intestine.

Mentor Edward N. Brandt, Jr., M.D., Ph.D., Professor and Director of the Center for Health Policy at the University of Oklahoma’s Health Sciences Center and chairperson of a Food and Drug Administration committee, was also interested in nutrition. Brandt, with specialties in epidemiology, preventive medicine, and family medicine, recommended adding B vitamins to cereal to prevent neural tube defects in infants. When Bernard discovered that 18% of her study participants had a vitamin B12 deficiency, she suggested that fortified breakfast cereal might help solve the problem.

Mentors are vitally important, especially for minority researchers, says Bernard, who sits on the

National Advisory Council on Aging that advises the National Institute on Aging (NIA). “In spite of all the controversy about Affirmative Action, we still don’t have minorities at the upper levels of academia. If there’s virtue in having minorities there, then there’s virtue in a mentoring system for minority researchers. You never outgrow the need for good feedback.”

Today, Bernard is mentoring junior staff in her new department. “Mentoring junior faculty may seem like an act of generosity, but it’s also a selfish act. As they mature, their work for us is better so what’s good for them is good for us,” Bernard said.

Bernard is incorporating mentoring into medical students’ education. In 1998, she and her colleagues began a controlled, prospective, longitudinal trial of an intervention called “The Senior Mentors Program.” Members of the Class of 2002 at the University of Oklahoma College of Medicine were assigned a senior mentor as they entered medical school; members of the Class of 2001 acted as controls. Senior mentors were 65 years or older, living in the community within a 30 mile radius of the University of Oklahoma College of Medicine, and committed to meeting with the medical student at least once per semester. Mentors were recruited from volunteer organizations in the Oklahoma City metropolitan area and were, as a result, generally mobile and healthy.

Medical students’ attitudes toward aging and older people were measured by the Aging Semantic Differential (ASD) attitude scale in August 1998 and again at the end of the second year of medical school. Initial mean ASD scores were not significantly different for the two groups. Although both classes experienced improvements in their ASD scores, the improvement for the Class of 2002 was significantly greater than that for the Class of 2001. The study showed that this low-intensity educational intervention to introduce entering medical students to healthy elders had a positive impact on attitudes toward aging. It was unclear whether this impact will persist through the clinical training years, and

*“I had an epiphany about how I was just a small part of the puzzle in helping older adults have the best possible quality of life.”*

whether it influences ultimate career choices so further study is needed, according to her study.

Bernard's Senior Mentor study is the research basis for the Vital Visionaries Collaboration that the National Institute on Aging initiated with Johns Hopkins Medical School and the American Visionary Art Museum in Baltimore. First year medical students and healthy older people from Baltimore participated in a 4-part art journey; students were tested before and after the program to see if their attitudes have changed. The program is a demonstration project that may be distributed to other medical schools and museums, depending on the outcome.

Bernard is forging alliances with other departments at the University of Oklahoma School of Medicine. "I've been talking to people at the College of Allied Health, which has an interest in falls and gait disorders; the College of Public Health with its interest in social gerontology; the College of

Nursing for its interest in geriatrics and gerontology; and the College of Pharmacy with its interest in polypharmacy. I've also been talking to the people in Sports Science, because of their interest in peripheral vascular disease and exercise and aging," she said.

## Choosing a Mentor

Bernard provided the following succinct advice on choosing a mentor:

- Once you identify a potential mentor, get feedback from others on how they regard that individual. That will help you avoid a controlling or harsh mentor.
- Choose mentors who have time for you.
- Choose mentors who work where you work so you can benefit from informal and formal interactions.

### *Foot, Ankle Problems (continued from page 1)*

corns and calluses (58.2%), bunions (37.1%), and signs of fungal infection, cracks/fissures, or maceration between toes (36.3%); 30.9% had some tenderness of the foot or ankle, and 14.9% had ankle joint pain on most days in the previous 4 weeks.

The prevalence of sensory loss in the foot varied widely across groups, even among those who did not report having diabetes, according to the study. This may have been an indicator of more general disparities in the type of or access to health care resulting in differing rates of undiagnosed diabetes, Dunn said. In addition, toe and arch deformities were less common among Puerto Rican elders than among their African-American or White Non-Hispanic counterparts. Yet, they were more likely to have ankle pain or tenderness.

"We also found that over a quarter of all the participants, and nearly a third of African-Americans, had signs of edema, which for some could indicate underlying vascular problems," Dunn said.

Toenail conditions, fungal symptoms, and ulcers or lacerations were more common in men, while bunions, corns, and calluses were more common in women. Although some of the most common foot

conditions, like nail conditions and calluses, might not be seen as serious, they can contribute to ill-fitting footwear or pain or lead to pressure points that increase risk of ulcers.

Because of the widespread prevalence of these conditions, researchers may want to examine reasons behind some of the disparities that were identified, and primary care providers may want to ask older patients if their feet hurt or if they have trouble cutting their toenails, Dunn said. "Our feet are important to our function and well-being, and they shouldn't hurt," she stressed.

The study: "Prevalence of Foot and Ankle Conditions in a Multiethnic Community Sample of Older Adults" was funded by the National Institute on Aging and published in the *American Journal of Epidemiology* (2004; 159:491-498). John McKinlay (PI), and Julie Dunn (Co-PI) conducted the study with Carol L. Link, Ph.D., from NERI, and David T. Felson, M.D., M.P.H., at the Boston University School of Medicine, Julie J. Keysor, Ph.D., P.T., from Boston University, and Michael G. Crincoli, M.D., from the New England Baptist Hospital, Boston, MA. ❖

## Ward Robinson Departs the National Alzheimer's Association, But the Partnership She Forged with NIA Flourishes



*Dr. Jennie Ward Robinson*

Dr. Jennie Ward Robinson, the national Alzheimer's Association Director of Medical and Scientific Affairs, resigned at the end of February in order to care for her mother who has late stage Alzheimer's disease (AD). The important partnership Ward Robinson helped cultivate with the National Institute on Aging (NIA) will continue in her absence, she said.

"The Association dramatically modified its research agenda to strengthen its call for research in diversity and AD, in part due to the partnership with the NIA," Ward Robinson said.

When Ward Robinson joined the Association in 2001, she was told that she had to meet Dr. Taylor Harden, NIA Assistant to the Director for Special Populations, because of their mutual interest in increasing the number of minority researchers working on Alzheimer's disease, Ward Robinson recalls.

As director of the NIA's Summer Institute on Aging Research, Harden invited Ward Robinson to serve as one of its guest faculty members in 2002. The week-long Summer Institute offers new researchers intensive exposure to issues and challenges in research on aging with a special focus on diversity. Faculty focus on current issues, research methodologies and funding opportunities, and individual consultations on specific research interests. For example, Ward Robinson informed participants about the Association's scientific agenda, research and grant programs, and awards process.

"I was impressed by the quality of the information, the quality of the students, and the quality of the students' interactions with the faculty," said Ward Robinson. "I felt that the Summer Institute could help the Association achieve some of its goals related to diversity, and subsequently, the Association co-sponsored the 2003 and will co-sponsor the 2004 Summer Institute. The Association's involvement with the Summer Institute has led to a successful flow of grant applications from former participants, she said.

"Sheldon Goldberg, president of the national Alzheimer's Association, has made the highest level of commitment to support the Summer Institute," Ward Robinson said. "This is an active, two-way collaboration."

Drs. Ward Robinson and Harden found other projects on which to partner such as NIA's Technical Assistance Workshop at last year's annual meeting of the Gerontological Society of America, a 2003 workshop focused on AD and minority research in Chicago, and a video program to help increase awareness of AD among minorities that will be released in 2004.

As the numbers of minority people with Alzheimer's disease is expected to grow, it is

imperative new treatments are made available to everyone, said Ward Robinson, noting that the Association issued a 2002 report on the "silent epidemic" of AD among African-Americans. The report indicated that African-Americans have a 43.7% greater cumulative risk of developing AD when a close family member has the disease, a statistic with personal implications for Robinson. The report noted that African-Americans are at greater risk for having high cholesterol, high blood pressure, and heart disease, all of which are believed to be contributing factors in causing Alzheimer's. ❖

*"At NIA's Summer Institute, I was impressed by the quality of the information, the quality of the students, and the quality of the students' interactions with the faculty."*

## Race Influences Vaccination Rate Among Older Adults

Older African-Americans are far less likely to get flu vaccinations than Whites of the same age, according to researchers at Duke University in Durham, North Carolina. The researchers also concluded that although vaccination rates among older Americans are on the rise, the elderly as a group are still under-vaccinated.

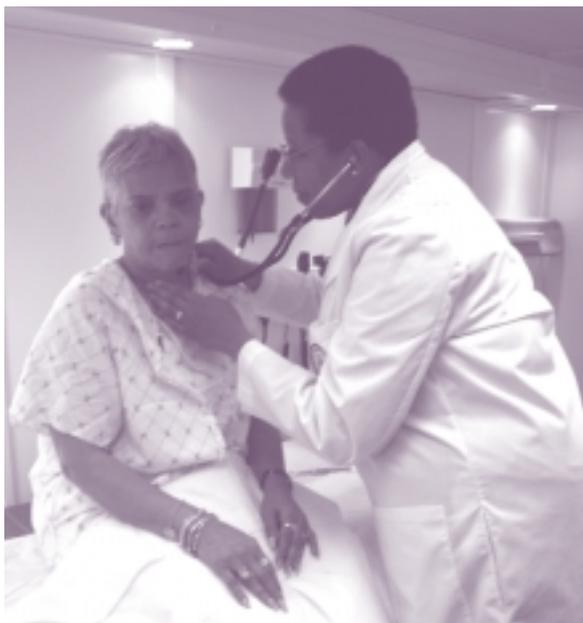
To bridge this gap, researchers suggest that culturally appropriate public health campaigns and clinical interventions be implemented to encourage more older Americans to get vaccinated. Up to 40,000 Americans die each year of the flu, and 90 percent of those deaths occur in people aged 65 and older.

“The elderly are at most risk from influenza, and it is a serious public health concern,” said Truls Ostbye, M.D., lead author of the study that appeared in the online journal *BioMed Central Public Health*. The study was supported by the National Institute on Aging.

Healthy People 2010, which identifies the nation’s most significant health concerns and proposes action plans to address those concerns, has set the goal that 90 percent of America’s older population be vaccinated each year, said Ostbye, a professor in the department of community and family medicine at Duke. This new study suggests it will take a significant effort to reach this objective. Particularly disturbing is the notably lower rates of vaccination in the African-American community.

“We see a 10 percent to 20 percent point gap in vaccination rates between Blacks and Whites,” Ostbye said. “More research is needed to understand the cultural issues that may be a barrier to vaccination in this population.” The researchers noted that this gap persists even after they adjusted their findings to account for socioeconomic and health care differences.

The Duke team examined data from the Health and Retirement Study (HRS) and its companion study, The Asset and Health Dynamics Among the Oldest Old (AHEAD). Both of these studies began collecting information to determine how retirement affects the health and wealth of American men and women. In the HRS study, 12,562 people who were ages 50 to 61 in 1992 have been regularly interviewed



about their health habits, diseases, disabilities and health care usage. The AHEAD study, which collected similar data, included 8,124 people, aged 70 and older.

In 1995-96 and 2000, participants in these studies were asked if they had received a flu shot within the previous 2 years. Using this information, the researchers found a steady increase in vaccination rates across all ages, genders, and races. The largest increase in vaccination occurred in the 50 to 65 year old bracket and leveled off after age 70. In 2000, about 3 of every 4 women older than 70 said they had received a flu vaccination within the past two years; 8 of every 10 men in this age group also were vaccinated.

When examined by race, the data from 2000 indicate that White men and women are close to the national average. However, only 60 percent of African-American women and 68 percent of African-American men had received the flu vaccine.

Although the Duke study was not designed to isolate reasons for the racial disparities in influenza immunization, general trends in health care may shed light on potential barriers.

“A historical distrust of the health care system may be the basis of some of the problem,” said Gary Greenberg, M.D., co-author of the study and a member of Duke’s department of community and family

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medicine. "Previous studies have shown that in a low-income, urban population, there is concern about undisclosed vaccine consequences or risks. This fear is a barrier for acceptance of influenza immunization among both Blacks and Whites."

However, economic factors do not seem to play a major role in who chooses to get vaccinated. Racial disparities, for instance, were greater in this study

among those older than 65, virtually all of whom are covered by Medicare.

Well-promoted personal statements by respected members of the underserved group who endorse and accept vaccination might help overcome reluctance in the community, Greenberg said. In addition, resources are needed to help coordinate efforts between public health programs and clinical prevention in managed and primary care. ❖

## *Resource Centers for Minority Aging Research Host Conferences and Workshops at the 2003 GSA Annual Meeting*



*Peggy Dilworth-Anderson, Ph.D.*

professor at the Department of Health Policy and Administration, University of North Carolina at Chapel Hill, Dilworth-Anderson said she has "never met a 'balanced professor' just someone who manages chaos well." She made her comments at a pre-conference meeting sponsored by the National Institute on Aging's *Resource Centers for Minority Aging Research (RCMAR)*.

Peggy Dilworth-Anderson, Ph.D., talked about how gender issues influence the mentoring needs of minority faculty at the 2003 Gerontological Society of America annual meeting. Female faculty want women mentors who are willing to tell them about how they manage their professional and personal lives, says Dilworth-Anderson. A

*"Female faculty want women mentors who are willing to tell them about how they manage their professional and personal lives."*

*"Invite the community to your table and become a real member of community groups."*



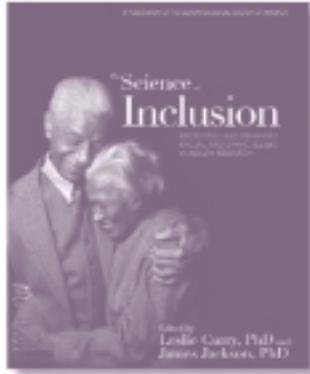
*Nelson M. Peralta, M.D.*

Nelson M. Peralta, M.D., professor at Columbia University in New York City, provided pointers on developing and maintaining relationships with diverse community-based organizations at the 2003 Gerontological Society of America annual meeting.

Invite the community to your table and become a real member of community groups, which means embracing issues that are not necessarily your own, said Peralta. He is the project coordinator for the Columbia Center of the Active Life of Minority Elders (CALME), a National Institute on Aging's *Resource Center for Minority Aging Research (RCMAR)*. He made his comments at a joint RCMAR/Technical Assistance Workshop luncheon. ❖

## New GSA Book Addresses Need for Racial Diversity in Aging Research

James Jackson, Ph.D., and Leslie Curry, Ph.D. edited a new publication called *The Science of Inclusion: Recruiting and Retaining Racial and Ethnic Elders in Health Research* for the Gerontological Society of America.



James Jackson, Ph.D.

The 2004 volume features 11 articles on the importance of minorities in scientific studies of the elderly. The chapters address diverse populations historically underrepresented in health-related research, including older African-American and Latino men and women.

Barriers to recruitment and retention of ethnic minorities in research are examined in the context of clinical trials, health services research, and survey research.

The *Science of Inclusion* addresses recruitment and retention of historically under-represented groups, including identification of barriers to participation in research and strategies for overcoming them in clinical, health services, and survey research. The book was supported by a grant from the National Institute on Aging. ❖

## Young Scientist Recognized for Excellence, Worked in NIA Grantee Janowsky's Lab



Duy Minh Ha, an 18-year-old high school student from Portland, OR, was chosen as a finalist in the Intel Science Talent Search, a prestigious high school science competition. As a participant in the Saturday Academy Apprenticeships in Science and

Engineering Program, he was working in the lab of Jeri Janowsky, Professor of Behavioral Neuroscience at Oregon Health & Science University and a National Institute on Aging grantee.

Duy studied the effects of long-term estrogen replacement therapy (ERT) on white and gray brain matter via magnetic resonance imaging (MRI).

His major finding is that long-term ERT preserves white matter, while having little morphological effect on gray matter during the healthy aging process.

He believes his work may explain some of the positive cognitive changes found in women when undertaking ERT. As part of his project, Duy developed a new software tool to quantify his MRI data.

First in his class of 406 at Ulysses S. Grant High School, Duy hasn't decided where to go to college. ❖

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## Remember! July 30 Deadline for Technical Assistance Workshop



On November 18-19, 2004, the National Institute on Aging will hold the Technical Assistance Workshop for Minority and Emerging Scientists and Students, a two-day interactive forum where minority and emerging scientists and students receive feedback from NIA staff on their current or planned research as well as general information about applying for NIA grants. The workshop is traditionally held in conjunction with the annual scientific meeting of the Gerontological Society of America.

NIA encourages applications from members of groups under-represented in aging research and investigators committed to research careers related to minority aging issues. Applicants should be pre- or post-doctoral students or recent recipients of Ph.D., M.D., or related doctoral degrees; new to the NIH application process and/or embarking on an independent program of research; investigators with less than five years of research experience; and U.S. citizens, non-citizen nationals, or permanent residents.

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Applications are due by July 30, 2004. For information and application forms, please contact Zita Givens at (301) 496-3121; [Givensz@nia.nih.gov](mailto:Givensz@nia.nih.gov).

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## MINORITY RESEARCH & TRAINING

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